

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND**

In re: **Tonya Lawson**:
:
:
:
:Case No. 20-10421

Chapter 13

Debtor(s)

CERTIFICATE OF SERVICE OF CHAPTER 13 PLAN

Select Section 1, A, B, or C, and complete Sections 2 and 3 if applicable, even if Section 1(A) is selected.

1. (Select A, B, or C):

☐ A. This is an original plan, filed concurrently with the Petition, which will be mailed by the Clerk to all creditors on the Matrix. *[THIS OPTION MAY ONLY BE USED WHEN THE PLAN IS FILED WITH THE PETITION]*

☐ B. AMENDED PLANS ONLY INCREASING PAYMENTS: The Amended Chapter 13 Plan ☐ filed herewith / ☐ filed on _____, makes no changes from the last previously-filed plan other than to increase the amount payable under the plan. In such event, no service is required.

☒ C. ALL OTHER PLANS: This is to certify that on **March 17, 2020**, I caused the Chapter 13 Plan ☐ filed herewith / ☒ filed on **March 17, 2020**, to be mailed by first class mail, postage prepaid, to all addresses on the attached matrix or list. (If any parties on the matrix were served by CM/ECF instead of by mail, so indicate on the matrix with the email address served as indicated on the CM/ECF Notice of Electronic Filing).

AND2. *Check and complete this Section and Section 3 if liens are proposed to be valued or avoided through the Plan.*

☐ I caused the Chapter 13 Plan ☐ filed herewith / ☐ filed on _____, to be served pursuant to Bankruptcy Rule 7004 on the following creditor whose lien is proposed to be impacted by the Plan (and not by separate motion) under Plan Paragraph 5.1 or 5.3. State address served and method of service. See Bankruptcy Rule 7004(h) if the party served is an insured depository institution. Attach separate sheets or repeat this paragraph for each such creditor served

Name of Creditor_____
Name served_____
Capacity (Resident Agent, Officer, etc.)_____
Address_____
City, State, ZIP

Method of Service: _____

Date Served: _____

AND Select A or B:A. ☐ A proof of claim has been filed with respect to the lien or claim at issue prior to service of the Plan. I

also mailed a copy of the Plan and supporting documents under Section 3 below to the claimant at the name and address where notices should be sent as shown on the proof of claim.

B. ☐ No proof of claim has been filed for the lien or claim at issue.

3. ☐ Along with each copy of the Plan served under Section 2, I included copies of documentation supporting Debtor's entitlement to the relief sought in Plan Paragraph 5.1 or 5.3 with respect to that creditor (for example, documents establishing the value of the property and the amount of any prior liens and the lien at issue), which I have also filed with the Court as a supplement to the Plan. ***This supplemental material need not be served with the plan on all creditors, only on affected secured creditors.***

☐ This is an amended Plan and the documentation supporting Debtor's entitlement to the relief sought in Plan Paragraph 5.1 or 5.3 has been previously served and filed as ECF docket entry ____.

I hereby certify that the foregoing is true and correct.

Dated: March 17, 2020

/s/ Alexander Sanchez
Counsel for Debtor

Baltimore City Water (Finance Director)
200 Holiday St.
Baltimore, MD 21202

Bright Lending
PO Box 578
Hays, MT 59527

Capital One Bank, N.A.
P.O. Box 30281
Salt Lake City, UT 84130-0281

CB/Indigo
PO Box 4499
Beaverton, OR 97076

Comptroller of MD
110 Carroll St
Annapolis, MD 21411

Credit Acceptance Corp.
PO Box 513
Southfield, MI 48037

Credit One
P.O. Box 98872
Las Vegas, NV 89193

CreditCube
P.O. Box 133
Finley, CA 95435

Dovenmuenle Mortgage, INC
1 Corporate Drive Suite 360
Lake Zurich, IL 60047

IC System
PO Box 64378
Saint Paul, MN 55164

Johns Hopkins Health System
P.O. Box 417714
Boston, MA 02241

Midland Funding
320 East Big Beaver
Suite 300
Troy, MI 48083

MVA
6601 Ritchie Highway
Glen Burnie, MD 21062

Nelnet
P.O. Box 82561
Lincoln, NE 68501-2561

WLCC Lending FFG, DBA Fair Trust Group
PO Box 213
#1 Wakpamni Lake Housing
Batesland, SD 57716

Zagime, LLC dba Blue River Lending
P.O. Box 1182
Lac Du Flambeau, WI 54538